

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042178

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 233

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY Franklinb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WashingtonLength of stay in 1b
1 dyc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY Franklinc. CITY OR TOWN LonedellInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route FFReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DorothyGreen

4. DATE OF DEATH

Month

Day

Year

Nov. 9, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/15/94

9. AGE (last birthday)

68

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Nurse, Registered10b. KIND OF BUSINESS OR INDUSTRY
Gen'l Nursing11. BIRTHPLACE (City and state or country)
England12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George Green

13b. MOTHER'S MAIDEN NAME

Elizabeth Allen

14. NAME OF HUSBAND OR WIFE

Never married15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute pharyngitis

INTERVAL BETWEEN ONSET AND DEATH

5 da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Suspect died immediately

DUE TO (c)

Following the pharyngitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Interoesophageal heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/9/62to 11/9/62

and last saw her

him alive on

Death occurred at

10:202

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/12/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

Lonedell, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Casey-Lenox Funeral Home-St. Clair, Mo. 11/13/62Linda C. Holman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/5903652-360

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11

12 2-013 5-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. M. Levitt

Licensed Embalmer No.

3601

P. O. Address

H. Phil, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

- If this body is not embalmed, fact should be so stated above.

*Permit received 11/12/62
H. Phil
By J. Phil, Mo.*